## PART B - FEE(S) TRANSMITTAL

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MOUNTAIN V	IEW, CA 94041								(Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT		ATTOR		RNEY DOCKET NO.		ONFIRMATION NO.	
10/763,673	763,673 01/22/2004		Frederic Perriot		20423-08166			7489		
APPLN. TYPE	SMALL ENTITY	YMORPHIC MALICIOU	PUBLICATION FEE D		PREV. PAID ISSU		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO NO	\$1510	\$0		\$0		\$1510		11/13/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS		]		,			
MORAN, RANDAL D		2435	726-024000		'					
1. Change of correspond CFR 1.363).  Change of correspond CFR 1.363).  Change of correspond CFR 1.363).  "Fee Address" inc PTO/SB/47; Rev 03-Number is required	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)									
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Symantec Co.	less an assignee is ident th in 37 CFR 3.11. Com GNEE rporation	the PATEST (plint of type)  data will appear on the patent. If an assignee is identified below, the document has been filed for DT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  350 Ellis Street, Mountain View, CA 94043								
Please check the appropr	riate assignee category or	r categories (will not be p	rinted on the patent):		Individual 🖾 Co	rporati	on or other private gr	oup e	entity 🗖 Government	
4a. The following fee(s)	<ul> <li>ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2555 (enclose an extra copy of this form).</li> </ul>									
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